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Abnormal Behaviour and Mental Health

Duration 2 Hours

80 Marks

**EXAMINERS
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EXTERNAL****Closed book examination**

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This paper consists of 22 pages, instructions for completion of a mark reading sheet, and 1 sheet for rough work on page 23

After completing your answers, you must hand in the following

- (i) The mark reading sheet
- (ii) The examination paper (All the pages must be handed in)

This examination paper consists of seventy items Your mark will be converted by the computer to a percentage out of 80

ENSURE THAT YOU HAVE WRITTEN YOUR STUDENT NUMBER, COURSE CODE AND UNIQUE NUMBER ON THE MARK READING SHEET

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Instructions

Answer the following multiple choice questions on the mark reading sheet

Read the instructions for completing the mark reading sheet **before** answering the questions

Please make sure that you have indicated the correct **UNIQUE PAPER NUMBER** on your mark reading sheet

Use only a **SOFT PENCIL** to answer the questions

Question 1

Four major criteria are used to differentiate abnormal behaviour from normal behaviour. If a person presented unusual behaviour with experiences of false perceptions of reality that were not culturally accepted, it is an example of - - - - -

- 1 distress
- 2 deviance
- 3 dysfunction
- 4 dangerousness

Question 2

The Multipath Model is an inclusive model of the aetiology of mental illness that considers biological aspects, such as - - - - -, and psychological aspects, such as - - - - -, in addition to social and cultural aspects

- 1 syndromes, gender equality
- 2 heredity factors, emotion factors
- 3 somatic symptoms, social support
- 4 emotional lability, behavioural inhibition

Question 3

One of your childhood friends, who is experiencing problems adjusting to university, has recently started to drink heavily. You decide to apply the Multipath Model to understand the development of his behaviour. You conclude that your friend's coping skills and the friends that he lives with at his university residence, who binge drink, are factors prompting his alcohol abuse.

Which two of the four dimensions that are included in the Multipath Model have you identified here?

- 1 Cognition and Learning
- 2 Psychological and Social
- 3 Biological and Sociocultural
- 4 Behavioural and Interpersonal

[TURN OVER]

Question 4

Historically, the DSM has been found to have diagnostic issues with regards to reliability and validity, and as such the DSM-5 allows for a dimensional approach to the diagnosis of certain disorders. For example, - - - - allow(s) mental health professionals to assess common symptoms that are not specific to one disorder or limited to the clinical context

- 1 specifiers
- 2 comorbidity
- 3 interrater reliability
- 4 cross-cutting measures

Read the following case study and answer questions 5, 6, 7 and 8

Angela is a 45-year-old divorcee and mother to two daughters. She works full time as a sales representative for an industrial equipment firm and would drive across Johannesburg every month in order to meet her clients. During one of these trips, Angela and her colleague were involved in a collision with a taxi in which several passengers died. Although neither she nor her colleague were seriously injured in the incident, Angela now experiences severe attacks of anxiety whenever she has to drive and avoids driving the same route where the collision occurred.

In the six months since the accident, Angela has endured a persistent negative emotional state and experiences difficulty sleeping. She blames the taxi driver for the accident, even though she admits to not remembering important aspects of the event, and becomes angry and verbally aggressive towards her co-workers for no apparent reason.

Angela's colleague, **Daisy**, who was a passenger during the accident, also experienced significant anxiety for three months after the event. In the weeks after the accident, Daisy felt miserable, could no longer take care of her young daughter and had problems concentrating at work. Her symptoms have decreased since then, and she is now able to function normally at home, with her family, and is performing well at work again.

Question 5

According to this case study, **Angela** will most likely receive a diagnosis of - - - - according to the DSM-5 classification system

- 1 Adjustment Disorder
- 2 Acute Stress Disorder
- 3 Generalised Anxiety Disorder
- 4 Posttraumatic Stress Disorder

Question 6

If **Angela** experienced nightmares of the event, along with increased heart rate and sweating, these would fall into the - - - - symptom category for her principal diagnosis

- 1 arousal
- 2 intrusion
- 3 avoidance
- 4 dissociative

[TURN OVER]

Question 7

According to the information provided in the case study, **Daisy** will most likely receive a diagnosis of - - - - according to the DSM-5 classification system

- 1 Adjustment Disorder
- 2 Acute Stress Disorder
- 3 Generalised Anxiety Disorder
- 4 Posttraumatic Stress Disorder

Question 8

With reference to **Daisy's** principal DSM-5 diagnosis, an additional specifier, namely - - - - should be added to her diagnosis

- 1 with anxiety
- 2 with depressed mood
- 3 with disturbance of conduct
- 4 with mixed anxiety and depressed mood

Question 9

Although some children with Autism Spectrum Disorder experience accompanying learning difficulties, there are those who exhibit Splinter Skills, which are - - - - tasks that allow the child to perform well in - - - -

- 1 interactive, language skills and symbolic thinking
- 2 pervasive, social comprehension and demonstrations of empathy
- 3 isolated, drawing, puzzle construction, musical ability or rote memory
- 4 resourceful, imaginative play, social interactions, or nonverbal communication

Question 10

The - - - - model aims to prevent abnormal behaviour. It addresses the needs of the poor and attempts to equalise opportunities for upward social mobility

- 1 Ecological
- 2 Social Action
- 3 Mental Health
- 4 Organisational

[TURN OVER]

Read the following case study and then answer questions 11, 12, 13 and 14

Dipuo, a 32-year old successful company executive has been experiencing a lot of misfortune in the past 6 months. Dipuo has not been home for the past three years and has dismissed a number of invitations from her parents who asked her to come home whenever they had ancestral veneration ceremonies. She has made it clear to her parents on numerous occasions that she does not subscribe to the Traditional African belief systems and their pleas are ignored.

For the past three weeks, Dipuo has been experiencing emotional turmoil and confusion which she is attributing to several unusual misfortunes she has been having, like the fact that she has had three car accidents within a period of six months. She also had two house break-ins despite the fact that she is staying at a high security complex and her dog dying mysteriously. This state of events has had an adverse effect on her functioning including her work and interpersonal relationships. She has become increasingly nervous, jittery and worries about her safety. She has also become uncomfortable about leaving her house, socialising with friends and attending work related functions for fear of her safety.

Her parents believe that her ordeals are due to her forgetting her roots and that she is suffering because of ancestral wrath. Her boss, who has been worried about her, recommended that she seek professional help with a psychologist.

Question 11

If Dipuo were to consult with a traditional healer, which **one** of the following conditions would the traditional healer consider in her case?

1. Boloji/Ubuthakathi
2. Go tlola/ Ukudlula
3. Sefifi
4. Ba fase ba re furaletse/ abaphansi ba si fulathele

Question 12

Consistent with the traditional African perspective, Dipuo's family might react to her series of misfortunes in the following way

1. Perceive it as a consequence of her being an educated woman
2. View it lightly since Dipuo is educated and well paid and as such she is able to address her misfortune herself
3. See it as a result of the ancestors' wrath which makes her vulnerable to misfortunes
4. See it as a result of people being jealous of her

Question 13

In line with traditional African beliefs, Dipuo's family might advise her to do the following to turn around her misfortune

1. To throw a party and share her success as a company executive with her friends
2. To invite her parents for a meal to make amends with them
3. To give up her success by resigning from her job as a company executive
4. To appease the ancestors by making an animal sacrifice and preparing sorghum beer for her ancestors

[TURN OVER]

Question 14

If a psychologist were to diagnose Dipuo according to the DSM-5 classification system, she would most likely receive a diagnosis of - - - -

- 1 Agoraphobia
- 2 Adjustment Disorder with anxiety
- 3 Generalised Anxiety Disorder
- 4 Acute Stress Disorder

Question 15

Which one of the following attributes **does not** relate to the African Worldview on healing?

- 1 Intuitively logical
- 2 Oriented to the present
- 3 Oriented to the future
- 4 Harmony with the universe

Question 16

Which one of the following **does not** fit the criteria of Substance Use Disorder?

- 1 Failure to fulfil major role obligations at school, work, or home
- 2 Persistent desire or unsuccessful attempts to cut down or control use of the substance
- 3 Continued use of the substance despite having social or interpersonal problems
- 4 Slurred speech and incoordination

Read the following case study and then answer questions 17, 18 and 19

Sello, a 35-year-old man with a long history of heavy alcohol use is referred for psychiatric evaluation after his recent admission to the hospital. Sello reports that he drank almost daily as he was finding it difficult to cope with the increased workload following retrenchments at his workplace. The drinking behaviour continued until he could no longer cope without a drink. He also had a number of car accidents because of his drinking behaviour and his supervisor started complaining about his absences from work and the smell of alcohol on his breath every morning. The more his boss complained, the more he felt he needed more of the alcohol to cope with his stressful work situation.

Over the past 18 months he has gradually increased his nightly alcohol intake from a single six pack to two 12 packs of beer, and this nightly drinking habit has resulted in his oversleeping and missing work. He has tried to moderate his alcohol use on numerous occasions with little success, particularly after developing complications associated with liver cirrhosis for which he had to be hospitalised.

Sello further admits that whenever he went to work without a drink he would experience hand tremors, sweaty palms and nausea. He increasingly found it difficult to cope with the effects of going without a drink and he decided to have a few drinks at work with the hope that no one would notice. His continued drinking also resulted in his poor job performance. Sello's ineffective coping behaviour finally got him into a lot of trouble with his employer and he was eventually fired two weeks prior to his hospitalisation.

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[TURN OVER]

Sello's aunt who came to visit him at the hospital was clearly distressed to see the condition that her nephew was in. She told the psychiatrist that her nephew used to be hardworking and was committed to his work. She further informed the psychiatrist that Sello's mother was also considered a "drunkard" in their community and had also lost her job because of her drinking problem.

Question 17

Which one of the following DSM-5 diagnoses would be an appropriate diagnosis in Sello's case?

- 1 Alcohol Withdrawal
- 2 Alcohol Use Disorder
- 3 Alcohol Abuse
- 4 Unspecified Alcohol-Related Disorder

Question 18

Sello's need for a markedly increased amount of alcohol to obtain the desired effect despite adverse impact on his job performance is indicative of - - - - -

- 1 tolerance for alcohol
- 2 withdrawal from alcohol
- 3 alcohol myopia
- 4 genetic vulnerability to the effects of alcohol

Question 19

Sello's symptoms of hand tremors, nausea and sweaty palms are indicative of - - - - -

- 1 intoxication
- 2 withdrawal
- 3 tolerance
- 4 dependence

Question 20

Which one of the following alternatives refers to factors related to the *biological dimension* in the development of Sello's mental disorder according to the Multipath Model?

- 1 Sello's colleagues were retrenched which resulted in increased workload that created a lot of stress for him
- 2 Sello's aunt was very distressed by his situation, which caused Sello to feel worthless
- 3 The fact that Sello is a male increases his likelihood of developing a Substance-Related Disorder
- 4 Sello's mother was also considered as a community drunkard, which implies a genetic predisposition

[TURN OVER]

Read the following Case Study and answer Questions 21, 22, 23 and 24

Futhi is a 23-year-old shop assistant who lives with her boyfriend, Jesse. The couple has been dating for five months. She is referred to a psychologist by her boyfriend, who is concerned that Futhi's intense bouts of irritability, impulsive spending behaviour, binge drinking and self-harm are the reasons for her inability to keep a job.

During the first consultation, it is revealed that Futhi started to exhibit these problematic behaviours from her early teens. Even since then, Futhi has experienced her relationships to be very intense and unstable. She did not complete high school as she impulsively left to marry her high school boyfriend. The marriage only lasted 10 months, and since then Futhi has been involved in a series of failed relationships that she says have left her with a feeling of overwhelming emptiness. She has not spoken to her mother for many years, and has never told anyone that she is still legally married.

Futhi states that she married her high school boyfriend as he was the only person who understood her and who could help her escape the beatings she suffered at the hands of her violent alcoholic father. However, Futhi states that she soon realised that the man she married was actually a terrible, selfish husband who never cared for her. She is terrified that Jesse would leave her and states that she will do anything to stay in a relationship with him, and has therefore agreed to psychotherapy. Futhi verbalises to her psychologist that she considers herself to be a very stable and healthy person.

Question 21

Which one of the following DSM-5 diagnoses would be an appropriate primary diagnosis in Futhi's case?

- 1 Post-Traumatic Stress Disorder
- 2 Borderline Personality Disorder
- 3 Dependent Personality Disorder
- 4 Bipolar I Disorder, most recent episode manic

Question 22

The DSM-5 allows for an additional diagnosis from the category of *Other Conditions That May Be a Focus of Clinical Attention* if these conditions or problems might influence the diagnosis, course, prognosis or treatment of a mental disorder.

Which of the following additional diagnoses from the category of *Other Conditions That May Be a Focus of Clinical Attention* are relevant in Futhi's case?

- a) Problems related to developmental stage
- b) Interaction with the legal system
- c) Non-adherence to Medical Treatment
- d) Occupational Problems
- e) Educational problems
- f) Abuse and neglect

- 1 a, d and f
- 2 a, e and f
- 3 b, c and d
- 4 c, d and e

[TURN OVER]

Question 23

According to Sue et al (2016), which one of the following statements reflect a possible aetiological explanation to account for Futhi's primary diagnosis?

- 1 Futhi's experiences of childhood abuse has led her to adopt a mental filter that leaves her hypersensitive and prone to emotional reactivity in interpersonal situations
- 2 The stress caused by her repetitive relationship conflict can fully account for her primary diagnosis
- 3 Futhi's basic assumption that she is a "stable and healthy person" leads her to become guarded, defensive and emotionally reactive
- 4 The fact that Futhi's behavioural difficulties only started in her early teens points to the fact that her disorder was caused by ventricular enlargement

Question 24

If the psychologist recommends Cognitive Behavioural Therapy to treat the effects of Futhi's diagnosis, such treatment would be regarded as - - - - -

- 1 tertiary treatment
- 2 tertiary prevention
- 3 primary prevention
- 4 secondary prevention

Question 25

Which of the following features are **not** characteristic of Personality Disorders?

- 1 Enduring and pervasive across situations
- 2 Episodic in nature and extremely disruptive
- 3 Evident since adolescence or early adulthood
- 4 Behaviours that are deviant in terms of cultural expectations

Question 26

Which of the following Personality Disorders **do not** belong to the Cluster C Personality Disorders, characterised by anxious or fearful behaviours?

- a) Avoidant Personality Disorder
- b) Schizoid Personality Disorder
- c) Obsessive-Compulsive Personality Disorder
- d) Paranoid Personality Disorder
- e) Dependent Personality Disorder

- 1 b and d
- 2 a, b and d
- 3 c, d and e
- 4 b, c, d and e

[TURN OVER]

Question 27

----- Personality Disorder is characterised by an excessive need to be taken care of, submissive and clinging behaviour and fears of separation, whereas ----- Personality Disorder is characterised by social inhibition, feelings of inadequacy and hypersensitivity to negative evaluation

- 1 Schizoid, Avoidant
- 2 Dependent, Schizoid
- 3 Schizotypal, Schizoid
- 4 Dependent, Avoidant

Question 28

Somatic Symptom and Related Disorders are characterised by a common feature. The prominence of ----- associated with -----

- 1 somatic symptoms, significant distress and impairment in functioning
- 2 physical symptoms, severe distress and mild impairment in functioning
- 3 behavioural symptoms, moderate distress and impairment in functioning
- 4 psychological symptoms, mild distress and some impairment in functioning

Question 29

Which one of the following specifiers does **not** apply to a diagnosis of Conversion Disorder?

- 1 Persistent
- 2 Acute episode
- 3 With delayed onset
- 4 Without psychological stressor

Question 30

Maluxole, a 21-year-old university student, has a recent history of apparent grand mal seizures that usually develop during the late afternoons and seems to be triggered by stressful events. These seizures have left him unable to write his exams for which he felt overwhelmed and unprepared. The neurologist reports that it is not typical for grand mal seizures to be triggered by stressful events. The following DSM-5 diagnosis should be considered in Maluxole's case

- 1 Malingering
- 2 Factitious Disorder
- 3 Conversion Disorder
- 4 Somatic Symptom Disorder

[TURN OVER]

Question 31

According to Sue et al (2016), Illness Anxiety Disorder is strongly associated with an individual's - - - - - suggesting that these individuals tend to - - - - -

- 1 cognitions, misinterpret bodily sensations as indications of a serious illness
- 2 emotions, have a higher risk for developing major depressive episodes with associated somatic complaints
- 3 personality, use defence mechanisms such as projection to project the somatic symptoms of others onto themselves
- 4 socio-economic status, have a higher social status and feel entitled to inconvenience others with their health concerns

Read the following case study carefully and then answer questions 32, 33, 34, 35 and 36

Mr Pule brought his wife Ashley, a 26-year-old mechanical engineer, to the emergency services of a psychiatric hospital after she created havoc at a large department store. Ashley's mood is irritable and expansive when she reports smashing several display shelves in the cosmetic section of the department store after the manager refused to sell her 'newly developed' cosmetics and perfume in the store. Ashley is clearly offended by the manager's "short-sightedness" and rejection of her products. She presents with pressured speech, racing thoughts, distractibility and restlessness while theatrically rambling about her ideas regarding cosmetics and perfumes. She insists on being called Cleopatra instead of Ashley, and claims that she started developing her unique cosmetic products after receiving instruction from the late Ms Estee Lauder, founder of Estee Lauder cosmetics. Ashley admits that she has been hearing Ms Lauder's voice for the past few days encouraging her to sell her products in the department store.

Mr Pule reports that Ashley has been manifesting these unusual behaviours for the past two weeks. She is excessively cheerful and energetic, sleeps only one to two hours per night and spends most of her time in the kitchen developing new cosmetic products, neglecting her work and family. A verbal warning from her line manager at work triggered an intense outrage from Ashley, which was followed by a written warning. Mr Pule explains that Ashley demands on being called Cleopatra as she firmly believes that she is the new queen of cosmetics.

Mr Pule also divulges that, approximately four months ago after the death of a close friend, Ashley suffered a six-week episode of abnormal behaviour during which she had a pervasive irritable mood, fatigue, anhedonia, insomnia, weight loss, poor concentration and feelings of guilt and worthlessness. Her overall functioning was also notably impaired during that episode.

[TURN OVER]

Question 32

In diagnosing Ashley's current mental functioning according to the DSM-5 classification system, the psychiatrist at the clinic considered Delusional Disorder as a possible diagnosis but ruled it out because Ashley('s) - - - - -

- a) does not manifest any delusions
- b) manifests an auditory hallucination
- c) behaviour is obviously odd and even bizarre
- d) functioning is markedly impaired in several domains

- 1 a and b
- 2 b and d
- 3 c and d
- 4 all of the above

Question 33

The psychiatrist will most likely diagnose Ashley's current abnormal behaviour as - - - - - according to the DSM-5 classification system

- 1 Bipolar I Disorder
- 2 Bipolar II Disorder
- 3 Intermittent Explosive Disorder
- 4 Disruptive Mood Dysregulation Disorder

Question 34

Which of the following specifiers apply to Ashley's current diagnosis?

- a) Moderate
- b) Severe
- c) Mixed features
- d) Manic episode
- e) Hypomanic episode
- f) Mood-congruent psychotic features
- g) Mood-incongruent psychotic features
- h) Rapid cycling

- 1 a, c and h
- 2 b, d and f
- 3 b, e and h
- 4 c, g and h

Question 35

Seeking professional help for Ashley at this stage is an example of

- 1 Crisis intervention
- 2 Primary prevention
- 3 Tertiary prevention
- 4 Secondary prevention

[TURN OVER]

Question 36

Should Ashley's abnormal behaviour have been diagnosed during the previous six-week-episode, which one of the following DSM-5 diagnoses would be the most likely diagnosis?

- 1 Major Depressive Disorder
- 2 Uncomplicated Bereavement
- 3 Adjustment Disorder with depressed mood
- 4 Bipolar II Disorder with major depressive episode

Question 37

Which of the following statements regarding stress and the development of depression, according to Sue et al (2016), are **true**?

- a) Engaging in stressful interpersonal events plays an important role in depression
- b) Chronic stress is more likely to trigger the first episode of Major Depressive Disorder than severe, acute stress
- c) Not all people who encounter stressful life events develop depression
- d) All individuals with a genetic vulnerability for depression will develop depression at some point whether they are experiencing stress or not
- e) Being cared for by a depressed, non-biological parent at a young age, predisposes a child to the development of depression
- f) Targeted rejection has a particularly strong link with depression

- 1 b, d and f
- 2 c, d and e
- 3 a, b, c and e
- 4 a, c, e and f

Question 38

A mental disorder characterised by impairment in functioning and a cyclical pattern of chronic mild mood swings which does not meet the DSM-5 criteria for manic, hypomanic or major depressive episodes, is called - - - - -

- 1 Cyclothymic Disorder
- 2 Borderline Personality Disorder
- 3 Unspecified Problem Related to Mood Stability
- 4 Adjustment Disorder with mixed disturbances of emotions

Question 39

The key distinguishing factor between Bipolar I Disorder and Bipolar II Disorder is the presence and/or history of - - - - -

- 1 a manic episode
- 2 a hypomanic episode
- 3 a major depressive episode
- 4 distinct periods of elevated, expansive or irritable mood

[TURN OVER]

Question 40

Which one of the following statements about compulsive behaviour in Obsessive-Compulsive Disorder is **correct**?

- 1 Compulsive behaviour is always preceded by obsessions
- 2 Compulsive behaviour is goal directed and under voluntary control
- 3 Compulsive behaviours involve repetitive and persistent thoughts, images and urges
- 4 Anxiety and distress increase if the compulsive behaviour is resisted or not performed "correctly"

Question 41

Which one of the following statements about Selective Mutism is **correct**?

- 1 Selective Mutism is regarded as a mild form of Autism Spectrum Disorder because only verbal communication is impaired
- 2 Selective Mutism, which has an onset after age seven, is a relatively common disorder
- 3 The core feature of Selective Mutism is a consistent refusal to speak in specific situations in which the child is expected to speak despite having normal language skills
- 4 Since the refusal to speak is limited to specific situations, there is no significant adverse impact on educational achievement and social functioning

Read the following short case study carefully and then answer questions 42 and 43

Vanessa, a 44-year-old internationally famous model, seeks professional help as demanded by her husband. He refuses to tolerate the chaos and unhygienic conditions at their home any longer. Vanessa explains that since her early modelling years, she has been collecting shoes from all over the world. She claims that her shoes have both sentimental and monetary value. Vanessa admits that she cannot throw any of her shoes out even when they become worn-out or old-fashioned. She has had to use increasingly more areas of their house for storage of the thousands of boxes filled with shoes. Furthermore, she admits that the piles of boxes make it impossible to clean their house properly.

Question 42

According to the DSM-5 classification system, Vanessa's behaviour can be diagnosed/described as

-
- 1 Hoarding Disorder
 - 2 Normal collecting behaviour
 - 3 Narcissistic Personality Disorder
 - 4 Obsessive-Compulsive Disorder

[TURN OVER]

Question 43

Which of the following aspects, according to Sue et al (2016), may have played a role in the development and maintenance of Vanessa's unusual behaviour?

- a) Reduction of anxiety
- b) Attaching personal value and meaning to specific objects
- c) Excessive use of defence mechanisms
- d) Intolerance of uncertainty
- e) Fetishist ideation
- f) Management of narcissistic traits

- 1 a and b
- 2 a and e
- 3 b and d
- 4 c and f

Question 44

Which **one** of the following statements best describes how Generalised Anxiety Disorder differs from Panic Disorder?

- 1 The high level of anxiety and worry in Generalised Anxiety Disorder is continuous for a period of more than six months while the intense anxiety in Panic Disorder is episodic with lower levels of anxiety between episodes
- 2 Panic Disorder is characterised by prominent cognitive and physiological symptoms while the presence of physiological symptoms in Generalised Anxiety Disorder is very unusual
- 3 In Generalised Anxiety Disorder the focus of the excessive anxiety and worry is about forthcoming problems and events while the anxiety and worry in Panic Disorder is limited to a specific stressful situation that triggered the first panic attack
- 4 Panic Disorder is distinguished from Generalised Anxiety Disorder by the presence of unexpected panic attacks

Read the following case study and then answer questions 45 and 46

Beauty has been feeling tired, irritable, nervous and on edge for the past 12 months. She battles to concentrate on her work and relationships as she constantly worries about everything including finances, the health of her family members, her job performance, her social life as well as her spiritual life. Although Beauty realises that her worries are unrealistic and unfounded, she cannot control them.

Question 45

According to the DSM-5 classification system, Beauty's abnormal behaviour can be classified as - - - - -

- 1 Panic Disorder
- 2 Delusional Disorder, mixed type
- 3 Generalised Anxiety Disorder
- 4 Adjustment Disorder with anxiety

[TURN OVER]

Question 46

According to the Cognitive approach, the development of Beauty's abnormal behaviour may be attributed to - - - - -

- 1 increased thought-fusion
- 2 the excessive use of repression to defend against overwhelming anxiety
- 3 catastrophic misinterpretation of minor disappointments and misfortunes
- 4 erroneous beliefs regarding the function of worry and the assumption that worrying is an effective way to deal with problems

Read the following case study carefully and answer questions 47, 48 and 49

Jennifer has been seeing a psychologist for the past eight months. The initial interview with the psychologist revealed that Jennifer often hears "mean voices" and "crying children" in her head. She does not seem to know where these voices and crying are coming from and feels she has no power to stop them. Furthermore, she frequently loses periods of time and would find herself in strange places, dressed in unfamiliar clothing, not remembering how she got there. Jennifer told the psychologist that people in her community commented that at times she behaved very odd and seemed as if she was possessed. During an emotionally intense therapy session the alter personality, Frankie, took over to defend Jennifer and said that she helps her during times of stress.

After a number of sessions, the psychologist discovered that Jennifer's childhood was characterised by alcoholic parents who were violent towards each other and Jennifer. Her parents divorced when she was six years old. She lived with her mother and was introduced to several of her mother's boyfriends who physically and sexually abused her since the age of 10.

Jennifer has no history of any mental disorders including substance abuse.

Question 47

The psychologist's principal diagnosis according to the DSM-5 classification system in Jennifer's case is likely to be - - - - -

- 1 Posttraumatic Stress Disorder
- 2 Dissociative Identity Disorder
- 3 Delusional Disorder
- 4 Borderline Personality Disorder

Question 48

According to the psychodynamic therapist who treats Jennifer, the development of a separate personality served the purpose of - - - - -

- 1 strengthening the weak ego
- 2 eliciting attention and nurturance from community members
- 3 taking on the pain of the physical and sexual abuse in order for the core personality to survive
- 4 gaining social reinforcement through the enactment of a synthesised role

[TURN OVER]

Question 49

The psychologist would also make an additional DSM-5 diagnosis from the category *Other Conditions that may be a Focus for Clinical Attention* in Jennifer's case namely - - - - -

- 1 Upbringing away from parents
- 2 Phase of life problems
- 3 Child physical and sexual abuse
- 4 Spouse or partner abuse, psychological

Question 50

When a person experiences a symptom as part of their memory splitting off from the rest of their consciousness, even though there is no evidence of brain damage, this may point to a possible diagnosis of - - - - - Disorder

- 1 Neurocognitive
- 2 Somatoform
- 3 Malingering
- 4 Dissociative

Question 51

The definition of Sexual Dysfunctions is - - - - -

- 1 difficult because sexual behaviour is influenced by cultural norms and values
- 2 unique because the definition does not include subjective distress
- 3 based primarily on the rarity of the behaviour
- 4 among the clearest of all forms of psychological disorders to identify

Question 52

Charity has a sexual problem that is diagnosed as occurring during the appetitive phase of the sexual response cycle. Charity's problem involves - - - - -

- 1 an inability to experience orgasm
- 2 an inability to experience relaxation after orgasm
- 3 difficulties concerning thoughts or fantasies about sex
- 4 difficulties with achieving heightened and intensified arousal

Question 53

According to the *psychological dimension* of the Multipath Model (cited in Sue et al , 2016), which one of the following factors may cause Sexual Dysfunction?

- 1 Pain when engaging in sexual intercourse
- 2 Being raised in a strict religious environment
- 3 High conflict relationship with one's sexual partner
- 4 Guilt, anger, or resentment toward one's sexual partner

[TURN OVER]

Read the following case study carefully and answer questions 54 and 55

As a child Jake was often spanked on the bare buttocks by his very attractive stepmother. He cannot remember these incidents clearly, but throughout his adult life, he has always associated pain and humiliation with experiencing sexual arousal. This causes Jake distress as it affects his relationship with women.

Question 54

Which one of the following DSM-5 classification system diagnoses would be the most appropriate diagnosis in Jake's case?

- 1 Exhibitionistic Disorder
- 2 Voyeuristic Disorder
- 3 Sexual Masochism Disorder
- 4 Paedophilic Disorder

Question 55

According to the learning theories of the *psychological dimension* of the Multipath Model, which one of the following factors may contribute to the development of Jake's principal diagnosis?

- 1 Avoiding castration anxiety by inflicting pain
- 2 The lack of interpersonal skills developed during childhood
- 3 Neurological deficits that influences the ability to learn appropriate behaviour
- 4 The accidental association between sexual arousal and exposure to certain events that cause pain and humiliation

Read the following case study and answer questions 56, 57, 58, 59, 60, 61 and 62

Lucy is a 22-year-old art major at university. Her mother was a chain smoker, consuming approximately 40 cigarettes a day during and after her pregnancy with Lucy. Lucy experienced a turbulent home life with ongoing conflicts between her parents. Since childhood, she has a history of eccentricity that was met with intense criticism from her father. Over the last three months, Lucy has begun to display escalated signs of social awkwardness and isolation from her peers. She has at times, been observed to display unusual behaviour such as talking to herself in response to a voice in her head during her classes or staring blankly and unresponsively at the floor for long periods of time. Her claims that she is more prolific than Picasso and van Gogh, are dismissed as fictional by her art professor.

Lucy's mother has raised concerns over her daughter's intense feelings of despair and hopelessness. She is particularly concerned with her daughter's disturbing self-portraits depicting death and gloom.

Question 56

Which one of the following DSM-5 disorders is a clinical psychologist most likely to diagnose Lucy with?

- 1 Schizophrenia
- 2 Schizoaffective Disorder
- 3 Schizophreniform Disorder
- 4 Schizoid Personality Disorder

[TURN OVER]

Question 57

Lucy's unusual behaviour of talking to herself in response to the voice in her head during her classes is an example of - - - - , while her staring blankly and unresponsively at the floor for long periods of time is an example of - - - -

- 1 delusions , diminished emotional expression
- 2 delusions , abnormal psychomotor behaviour
- 3 hallucinations , diminished emotional expression
- 4 hallucinations , abnormal psychomotor behaviour

Question 58

Lucy's belief that she is more prolific than Picasso and van Gogh, despite disconfirmatory evidence, is an example of a - - - - of the - - - - type

- 1 delusion, reference
- 2 delusion, grandiose
- 3 hallucination, reference
- 4 hallucination, grandiose

Question 59

According to the Multipath Model (Sue et al , 2016), Lucy's mother's smoking during and after pregnancy, together with her turbulent home environment and the criticism of her father, demonstrate a vulnerability to develop abnormal behaviour according to all dimensions of the Multipath Model **except** the - - - - dimension

- 1 social
- 2 biological
- 3 sociocultural
- 4 psychological

Question 60

Over the past year, Lucy's mental condition has worsened. She has stopped bathing and taking care of herself. She is reclusive and does not wish to communicate with either her parents or peers.

Given Lucy's progression in symptoms, the psychologist **may** need to revise his/her initial diagnosis. Which of the following DSM-5 diagnoses would be the most suitable at this stage?

- 1 Schizophrenia
- 2 Shizoffective Disorder
- 3 Schizophreniform Disorder
- 4 Schizoid Personality Disorder

[TURN OVER]

Question 61

If Lucy's intense feelings of despair and hopelessness developed into a major depressive episode for a period of 28 days, alongside her other abnormal behaviour, which one of the following DSM-5 diagnoses would be most suitable, keeping in mind the presence of the mood symptoms

- 1 Schizophrenia
- 2 Shizoaffective Disorder
- 3 Schizophreniform Disorder
- 4 Schizoid Personality Disorder

Question 62

According to Sue et al (2016), Lucy is at a higher risk for committing suicide because of all of the factors listed below **except** - - - - -

- 1 she is female
- 2 she feels hopelessness
- 3 she is a university student
- 4 her family history of conflict and social isolation

Question 63

For the past 18 months, Benji, 16-years-old, continues to have angry episodes and outbursts, which are not premeditated yet sometimes involve physical injury. His actions during these short episodes, that occur at least twice a week, cause Benji a lot of personal distress, especially as his behaviour during these episodes far outweighs the incident that triggers these episodes in the first place

The most likely diagnosis of Benji's abnormal behaviour according to the DSM-5 classification system will be - - - - -

- 1 Intermittent Explosive Disorder
- 2 Oppositional Defiant Disorder
- 3 Conduct Disorder
- 4 Disruptive Mood Dysregulation Disorder

Question 64

Which one of the following explanations for the aetiology of Disruptive Disorders in children is **inaccurate**?

- 1 Specific parenting styles have a greater influence on the development of disruptive behaviour in children than the child's own biologically determined temperamental characteristics
- 2 A disruptive behavioural pattern is established in a child when the parent either gives in to or withdraws from the conflict situation created by the child's disruptive behaviour
- 3 A disruptive behavioural pattern develops in the child as a result of a vicious cycle of harsh and punitive parental responses to the child's misbehaviour resulting in the child's defiance and disrespect which is then followed by further parental coercive behaviours
- 4 A child's difficult temperament leads to rejection of the child by his/her peers resulting in the development of a blaming, even aggressive, negative worldview in the child

[TURN OVER]

Question 65

Which statement about Conduct Disorder is **accurate**?

- 1 Males with Conduct Disorder have a better prognosis than females with Conduct Disorder
- 2 Adolescents with Conduct Disorder who exhibit callous, unemotional personality traits with no remorse for their actions may exhibit Antisocial Personality Disorder in adulthood
- 3 Children with Conduct Disorder display anger responses that are exaggerated in intensity and duration
- 4 Children with Conduct Disorder do not demonstrate a serious violation of societal norms

Question 66

According to Sue et al (2016) - - - - factors exert the greatest influence on the development of Conduct Disorder and - - - - is an example of such a factor

- 1 biological, limited fear responses
- 2 psychological, early maternal rejection
- 3 psychological, inconsistent parenting styles
- 4 biological, brain abnormalities associated with deficits in social information processing

Question 67

The core characteristics of a DSM-5 diagnosis of a Major Neurocognitive Disorder, entail - - - - and - - - -

- 1 problems relating to reality testing , impaired general coping with stressors
- 2 problems with impaired physical health , impaired intellectual functioning
- 3 decreased visual-perceptual ability , social withdrawal
- 4 decline in executive functioning , inability to meet the demands of daily life independently

Question 68

A lecturer tells her class, "A diagnosis of Neurocognitive Disorders can only be given at the age of 18 years and older. Neurocognitive Disorders may be due to a specific medical condition, a substance-induced condition, or may result from multiple aetiologies. The category of Neurocognitive Disorders is arbitrary because several other mental disorders may be associated with impairment due to a variety of medical conditions. It is always difficult to measure, assess, and determine the causes of Neurocognitive Disorders."

Which part of the lecturer's statement is **accurate**?

- 1 Neurocognitive Disorders can only be given at the age of 18 years and older
- 2 Neurocognitive Disorders may be due to a specific medical condition, a substance-induced condition, or may result from multiple aetiologies
- 3 The category of Neurocognitive Disorders is arbitrary because several other mental disorders may be associated with impairment due to a variety of medical conditions
- 4 Currently the causes of Neurocognitive Disorders cannot be effectively measured or assessed

[TURN OVER]

Question 69

Neurocognitive Disorder due to - - - - manifest the following symptoms cognitive decline combined with the development of unusual movements, significant fluctuations in attention and alertness, recurrent, detailed visual hallucinations, impaired mobility that occurs after the onset of the cognitive decline, and sleep disturbance including acting out dreams

- 1 Parkinson's Disease
- 2 Alzheimer's Disease
- 3 Dementia with Lewy Bodies
- 4 Frontotemporal Lobar Degeneration

Question 70

Strokes damaging the left side of the brain typically affect - - - - , as well as physical movement on the right half of the body, whereas strokes occurring within the right hemisphere can - - - - in addition to impairing motor movement on the left side of the body

- 1 impulse control, decrease emotional intelligence
- 2 emotional intelligence, increase impulsivity
- 3 speech and language proficiency, impair judgment and short-term memory
- 4 judgment and short-term memory, impair speech and language proficiency

TOTAL: [80]
YEAR MARK: [20]
GRAND TOTAL: [100]

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[TURN OVER]

PART 1 (GENERAL/ALGEMEEN) DEEL 1

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STUDIE EENHEID (bv. PSY100-X)

INITIALS AND SURNAME
VOORLETTERS EN VAN

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EXAMINATION CENTRE (E.G. PRETORIA)
EKSAMENSENTRUM (BV. PRETORIA)

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Vir gebruik deur eksamenopsiener

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- 2 MERK AS VOLG ➡
- 3 KONTROLEER DAT U VOORLETTERS EN VAN REG INGEVUL IS
- 4 VUL U STUDENTENOMMER VAN LINKS NA REGS IN
- 5 KONTROLEER DAT U DIF KORREKTE STUDENTNOMMER VERSTREK HET
- 6 KONTROLEER DAT DIE ENIEKE NOMMER REG INGEVUL IS
- 7 MAAK SEKER DAT NET EEN ALTERNATIEF PER VRAAG GEMERK IS
- 8 MOENIE VOU NIE

PART 2 (ANSWERS/ANTWOORDE) DEEL 2

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27	a) b) c) d) e)	62	a) b) c) d) e)	97	a) b) c) d) e)	132	a) b) c) d) e)
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29	a) b) c) d) e)	64	a) b) c) d) e)	99	a) b) c) d) e)	134	a) b) c) d) e)
30	a) b) c) d) e)	65	a) b) c) d) e)	100	a) b) c) d) e)	135	a) b) c) d) e)
31	a) b) c) d) e)	66	a) b) c) d) e)	101	a) b) c) d) e)	136	a) b) c) d) e)
32	a) b) c) d) e)	67	a) b) c) d) e)	102	a) b) c) d) e)	137	a) b) c) d) e)
33	a) b) c) d) e)	68	a) b) c) d) e)	103	a) b) c) d) e)	138	a) b) c) d) e)
34	a) b) c) d) e)	69	a) b) c) d) e)	104	a) b) c) d) e)	139	a) b) c) d) e)
35	a) b) c) d) e)	70	a) b) c) d) e)	105	a) b) c) d) e)	140	a) b) c) d) e)

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